

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Gastric Stapling, Open/Laparoscopic and Gastric Bypass, Open/Laparoscopic	Protocol #: PA P171.04 Protocol Pages: 2 Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: October 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS:	
Director, Medical Management: _____ Date: _____	
Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Gastric Stapling and Gastric Bypass. **Needs to be approved by Medical Director.**

PROTOCOL:

- A. For MHP and MLTCP members
 - 1. Body Mass Index (BMI) greater than 40 with no medical complications;
 - 2. A minimum of 1 year physician supervised participation in a weight reduction program;
 - 3. If medical complications are present and patient's Body Mass Index is greater than 35;
 - 4. Absence of the following medical conditions:
 - a. Renal failure,
 - b. Chronic alcoholism or drug abuse,
 - c. Active hepatitis,
 - d. Cirrhosis of the liver,
 - e. Pulmonary embolism,
 - f. Inflammatory bowel disease **and**
 - g. Any acute or chronic condition that contraindicates surgery.
- B. For MSSP members
 - 1. Obesity itself cannot be considered an illness.
 - 2. Obesity can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension.
 - 3. Services in connection with the treatment of obesity could be covered services when they are an integral and necessary part of a course of treatment for one of these illnesses.
 - 4. Gastric bypass surgery for obesity may be covered if:
 - a. It is medically appropriate for the individual to have such surgery **and**
 - b. The surgery is to correct an illness which caused the obesity or was aggravated by the obesity.
- C. Please refer this case to Case Management for advanced discharge planning.

- D. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- E. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.

ATTACHMENT:

- A. Body Mass Index (BMI) Chart 1 Page

Total Attachment Pages 1

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.